



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Business Regulation
INSURANCE DIVISION
233 Richmond Street, Suite 233
Providence, RI 02903 – 4233
Telephone No. (401) 222-2223
www.dbr.state.ri.us

FAX No. (401) 222-5475
TDD No. (401) 222-2999

INSTRUCTIONS AND APPLICATION FOR THE REINSTATEMENT OF A BUSINESS ENTITY INSURANCE CLAIMS ADJUSTER LICENSE (Resident & Nonresident)

All business entity insurance claims adjuster licenses expire on August 31, 2007. All business entities have one-year from the expiration date to *Reinstate* the Rhode Island ("RI") adjuster license. **All business entities are required to have at least one (1) designated responsible licensed individual adjuster ("DRLI").** The DRLI must hold a RI license and must be licensed for the same line(s) of authority as the business entity. **The licensee's name and the RI license number of the "DRLI" must be noted on the attached application.**

- ***If the Reinstatement is received within the thirty (30) day grace period of the expiration date***, the business entity is required to complete an Application for License Reinstatement (Business Entity) **and** pay a two-year Renewal Fee of \$100
- ***If the Reinstatement is received over the thirty (30) day grace period of the expiration date***, the business entity is required to complete the attached Application for License Reinstatement (Business Entity), pay the two-year renewal fee of \$100 **and** pay the *additional* \$50 Reinstatement Fee

** The Reinstatement fee is in addition to the two-year renewal fee.*

- Reinstatements will not be accepted past one-year. All Business Entities are required to submit a new Uniform Application and pay a two-year fee.

Applicants are encouraged to reapply online. For more information, **NONRESIDENTS** may visit the National Insurance Producer Registry (NIPR) website at www.licenseregistry.com.

For questions relating to the NIPR website and online licensing process, applicants should call the NAIC helpdesk at 816-783-8500.

It should be noted that prior to reapplying online, all business entities are required to have at least one (1) designated licensed individual adjuster (must be licensed in RI). If the DRLI is not licensed in RI, the online application will be rejected. **REFUNDS ARE NOT ISSUED.**

Checks are made payable to: *State of Rhode Island, General Treasurer*

**One check per Reinstatement Application.*

Mail the application, supporting documentation and fees to:

State of Rhode Island Dept. of Business Regulation
Insurance Division, Licensing
233 Richmond Street, Suite 233
Providence, RI 02903-4233

**Applications that are not complete may be returned to the applicant.*

NOTE: The business entity will receive the same line(s) of authority that the Insurance Division currently has on file. If the business entity does not wish to *Reinstate* the same line(s) of authority, you may contact the Licensing Section by calling 401-222-2223.

To check the status of a license, verify the expiration date or licensing information, please visit the Department website at www.dbr.state.ri.us.

Application for License Reinstatement

BUSINESS ENTITY INSURANCE CLAIMS ADJUSTER LICENSE

(RESIDENT & NONRESIDENT)

Print or Type

*NONRESIDENTS ARE NOT REQUIRED TO SUBMIT A LETTER OF CERTIFICATION.
Rhode Island will verify the home state license with PDB/SPLD.

Resident Reinstatement	
Non-Resident Reinstatement	

CHECK APPROPRIATE BOX**DRLI Name:** _____**RI Lic No.:** _____

① Business Entity Name		② Incorporation/Formation Date (month) ____ (day) ____ (year) ____		③ FEIN -	
④ Is the business entity affiliated with a financial institution/bank? Yes <input type="checkbox"/> No <input type="checkbox"/>					
⑤ Business Address			⑥ City		⑦ State
					⑧ Zip or Foreign Country
⑨ Phone Number () -		⑩ Fax Number () -		⑪ Business Web Site Address	
				⑫ Business E-Mail Address	
⑬ Mailing Address		⑭ P.O. Box		⑮ City	
				⑯ State	
				⑰ Zip or Foreign Country	
Designated/Responsible Licensed Individual Adjuster					
⑱ Identify at least one Designated/Responsible Licensed Individual Adjuster(s):					
Name _____ SSN _____ - - - RI License No. _____					
Name _____ SSN _____ - - - RI License No. _____					
Name _____ SSN _____ - - - RI License No. _____					
Name _____ SSN _____ - - - RI License No. _____					
Background Information					
<p>1. Has the business entity or any owner, partner, officer or director ever been convicted of, or is the business entity or any owner, partner, officer or director currently charged with, committing a crime, whether or not adjudication was withheld? Yes ____ No ____</p> <p>“Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses. “Convicted” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.</p> <p>If you answer yes, you must attach to this application:</p> <ul style="list-style-type: none"> a) a written statement explaining the circumstances of each incident, b) a certified copy of the charging document, and c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment <p>2. Has the business entity or any owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? Yes ____ No ____</p> <p>“Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. “Involved” also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. “Involved” also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.</p> <p>If you answer yes, you must attach to this application:</p> <ul style="list-style-type: none"> a) a written statement identifying the type of license and explaining the circumstances of each incident, b) a certified copy of the Notice of Hearing or other document that states the charges and allegations, and c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment. 					
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Applicants Certification and Attestation

20 The undersigned owner, partner, officer or director of the business entity hereby certifies, under penalty of perjury, that:

1. All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me and the business entity to civil or criminal penalties.
2. Where required by law, the business entity hereby designates the Commissioner, Director or Superintendent of Insurance, or an appropriate representative in each jurisdiction for which this application is made to be its agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner or Director of that jurisdiction is of the same legal force and validity as personal service upon the business entity.
3. The business entity grants permission to the Commissioner or Director of Insurance in each jurisdiction for which this application is made to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.
4. Every owner, partner, officer or director of the business entity either a) does not have a current child-support obligation, or b) has a child-support obligation and is currently in compliance with that obligation.
5. I authorize the jurisdictions to give any information they may have concerning me to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure/registration.
7. If required, I have received a Certificate of Good Standing from the jurisdiction's Secretary of State in which I am applying.
8. I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.

**Must be signed by an officer, director, principal
or partner of the business entity:**

Month

Day

Year

Signature

Typed or Printed Name

Title

Social Security Number

Address

City

State

Zip

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